

17449-57W

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 35553.0000
	In re Application of Robert E. Duthie, Jr.	
	Application Number 09/903,825	Filed July 11, 2001
	For Micro-Organism Reduction In Liquid By Use Of A Metal Halide Ultraviolet Lamp	
	Group Art Unit 1744	Examiner E. L. McKane

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small entity fee are as follows (check time period desired):

- | | |
|--|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 430 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 215

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-2442. I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

attorney or agent of record.

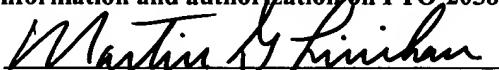
attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 23, 2004

Date



Signature

716-848-1367

Telephone Number

Martin G. Linihan

Typed or printed name

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

215.00

OP

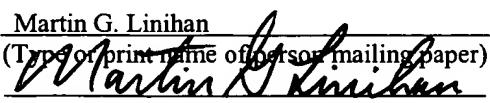
CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date November 23, 2004

Martin G. Linihan

(Type or print name of person mailing paper)



(Signature of person mailing paper)

PTO/SB/17 (10-02) Approved for use through 07/31/2006, OMB 0651-0032 NOV 26 2004 U.S. PATENT & TRADEMARK OFFICE Fee Transmittal for FY 2004 Effective 10/01/2003. Patent Fees are subject to annual revision.																																																																																																																																																																																																																																																																																																																			
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<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 08-2442 Deposit Account Name: Hodgson Russ LLP The Director is hereby authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any fee deficiencies or credit any overpayments <input type="checkbox"/> Charge any additional fees during pendency of this application. <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account			3. 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1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	\$																																																																																																																																																																																																																																																																																																														
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2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE <table border="1"> <thead> <tr> <th colspan="2">Extra Fee from Claims below</th> <th rowspan="2">Fee Paid</th> <th colspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th>/ / -20** = / / x / / =</th> <th>1402</th> <th>340</th> <th>2402 170 Filing a brief in support of an appeal</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>\$</td> <td>1403</td> <td>300 2403 150 Request for oral hearing</td> <td>\$</td> </tr> <tr> <td colspan="3">Independent Claims / / - 3** = / / x / / =</td> <td>\$</td> <td>1451</td> <td>1,510 1451 1,510 Petition to institute a public use proceeding</td> <td>\$</td> </tr> <tr> <td colspan="3">Multiple dependent / / x / / =</td> <td>\$</td> <td>1452</td> <td>110 2452 55 Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td colspan="3"> Large Entity <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td>1502 490 2502 245 Design issue fee</td> </tr> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>44</td> <td>Independent claims in excess of 3</td> <td>1503 660 2503 330 Plant issue fee</td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>150</td> <td>Multiple dependent claim if not paid</td> <td>1460 130 1460 130 Petitions to the Commissioner</td> </tr> <tr> <td>1204</td> <td>88</td> <td>2204</td> <td>44</td> <td>**Reissue independent claims over original patent</td> <td>1807 50 1807 50 Processing fee under 37 CFR 1.17(q)</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td>1806 180 1806 180 Submission of Information Disclosure Statement</td> </tr> </tbody> </table> </td> <td>1453</td> <td>1,370</td> <td>2453 685 Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>1501</td> <td>1,370</td> <td>2501 685 10 advance copies Utility issue fee (or reissue)</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>1502</td> <td>490</td> <td>2502 245 Design issue fee</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>1503</td> <td>660</td> <td>2503 330 Plant issue fee</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>1460</td> <td>130</td> <td>1460 130 Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>1807</td> <td>50</td> <td>1807 50 Processing fee under 37 CFR 1.17(q)</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td>1806</td> <td>180</td> <td>1806 180 Submission of Information Disclosure Statement</td> <td>\$</td> </tr> <tr> <td colspan="3">SUBTOTAL (2)</td> <td>\$0</td> <td>8021</td> <td>40 8021 40 Recording each patent assignment per property (times number of properties)</td> <td>\$</td> </tr> <tr> <td colspan="3">SUBMITTED BY:</td> <td></td> <td>1809</td> <td>790 2809 395 Filing a submission after final rejection(37 CFR 1.129(a))</td> <td>\$</td> </tr> <tr> <td colspan="3">SIGNATURE</td> <td></td> <td>1810</td> <td>790 2810 395 For each add'l invention to be examined(37 CFR 1.129(b))</td> <td>\$</td> </tr> <tr> <td colspan="3">DATE: November 23, 2004 Telephone: (716) 848-1367</td> <td></td> <td>1801</td> <td>790 2801 395 Request For Continued Examination (RCE)</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td></td> <td>1802</td> <td>900 1802 900 Request for Expedited Examination of a design application</td> <td>\$</td> </tr> <tr> <td colspan="3"></td> <td></td> <td colspan="2">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="3"></td> <td></td> <td colspan="2">SUBTOTAL (3)</td> <td>\$215</td> </tr> </tbody></table>			Extra Fee from Claims below		Fee Paid	Fee Description		Fee Paid	Total Claims	/ / -20** = / / x / / =	1402	340	2402 170 Filing a brief in support of an appeal			\$	1403	300 2403 150 Request for oral hearing	\$	Independent Claims / / - 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I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on November 23, 2004.

Martin G. Linihan
Name
BFLODOCS 1069395 v1


Signature

November 23, 2004
Date of Signature